

tape here  
do not staple

PLACE STAMP  
HERE  
POST OFFICE  
WILL NOT  
DELIVER  
WITHOUT  
PROPER  
POSTAGE

**WAREHOUSE  
DEPARTMENT OF LABOR AND INDUSTRIES  
PO BOX 44843  
OLYMPIA WA 98504-4843**

Quantity Unit of issue Form

\_\_\_\_\_ each F200-001-000 Getting Back to Work: It's Your Job  
and Your Future (for patients)  
\_\_\_\_\_ each F200-002-000 Attending Doctor's Return-to-Work  
Desk Reference  
\_\_\_\_\_ each F208-063-000 Medical Forms Request (this card)  
\_\_\_\_\_ each F242-071-000 Occupational Disease Work History  
\_\_\_\_\_ each F242-071-111 Occupational Disease Work Hist (cont)  
\_\_\_\_\_ pad F242-079-000 Application to Reopen Claim  
\_\_\_\_\_ each F242-104-000 Worker's Guide/Ind Ins Benefits - Eng  
\_\_\_\_\_ each F242-104-999 Worker's Guide/Ind Ins Benefits - Span  
\_\_\_\_\_ each F242-130-000 Accident Report  
\_\_\_\_\_ each F245-010-000 Statement for Compound Prescriptions  
\_\_\_\_\_ pad F245-030-000 Stmt for Retraining/Job Mod Services  
\_\_\_\_\_ each F245-037-000 Case Transfer Card  
\_\_\_\_\_ each F245-072-000 Stmt for Miscellaneous Services - single sheet  
\_\_\_\_\_ each F245-072-111 Stmt for Miscellaneous Services - CFF  
\_\_\_\_\_ each F245-094-034 Med Aid Rules and Fee Schedules - CD  
\_\_\_\_\_ each F245-100-000 Stmt for Pharmacy Services - single sheet  
\_\_\_\_\_ each F245-100-111 Stmt for Pharmacy Services - CFF  
\_\_\_\_\_ each F245-127-000 HCFA 1500 (L&I use only) - snap apart  
\_\_\_\_\_ each F245-127-111 HCFA 1500 (L&I use only) - CFF  
\_\_\_\_\_ each F245-145-000 Claimant Travel Expense Voucher - Eng  
\_\_\_\_\_ each F245-145-999 Claimant Travel Expense Voucher - Span

Quantity Unit of issue Form

\_\_\_\_\_ each F245-183-000 Provider's Request for Adjustment  
\_\_\_\_\_ each F245-299-000 Consultation Referral  
\_\_\_\_\_ pad F245-346 Job Mod Asst App - Voc Rehab  
\_\_\_\_\_ each F245-353-000 1st 52 Wk RTW Time Encumbrance  
\_\_\_\_\_ each F245-354-000 1st 52 Wk Trng Pln Cost Encumbrance  
\_\_\_\_\_ pad F245-355-000 1st 52 Wk Bd & Rm Cost Encumbrance  
\_\_\_\_\_ pad F245-356-000 2nd 52 Wk RTW Time Encumbrance  
\_\_\_\_\_ pad F245-357-000 2nd 52 Wk Trng Pln Cost Encumbrance  
\_\_\_\_\_ pad F245-358-000 2nd 52 Wk Bd & Rm Cost Encumbrance  
\_\_\_\_\_ each F248-011-000 Providers Application & Notice  
\_\_\_\_\_ each F248-014-000 Hospital Services Billing Instructions  
\_\_\_\_\_ each F248-015-000 Retraining & Job Mod Exp Billing Inst.  
\_\_\_\_\_ each F248-021-000 Pharmacy Prescriptions Billing Inst.  
\_\_\_\_\_ each F248-036-000 Request for Taxpayer ID# - W-9  
\_\_\_\_\_ each F248-088-000 Home Care Billing Instructions  
\_\_\_\_\_ each F248-094-000 HCFA 1500 Billing Instructions  
\_\_\_\_\_ each F248-095-000 Miscellaneous Services Billing Instructions  
\_\_\_\_\_ each F248-100-000 General Provider Billing Manual  
\_\_\_\_\_ each F248-160-000 Statement for Home Nursing Care  
\_\_\_\_\_ each F252-001-000 Medical Examiner's Handbook  
\_\_\_\_\_ each F252-004-000 Attending Doctor's Handbook  
\_\_\_\_\_ each F252-010-000 Medical Treatment Guidelines

Complete your request, fold in thirds, tape closed,  
affix postage and mail to the address at top of  
form. This is your return mailing label.  
Please type or print clearly.

**L&I MEDICAL  
FORMS REQUEST  
F208-063-000 1-05**

ATTN:		Provider No:	
Company name			
Mailing address			
City		State	ZIP+4